

AGENCY PAYROLL BENEFITS ADMINISTRATORS APPROVAL (BAA)

First Name	MI	Last Name
Eligible for Cash Match YES: _____ NO: _____	If no, date of expected eligibility is:	Cash Match Amount: \$ _____ /per day
Social Security Number		403(b) Eligibility Date
Annual Salary or Expected Earnings		Cash-up Option YES: _____ NO: _____
Prior 403b contributions		
Agency		Agency #
Additional Information/ Comments		
Authorized Signature		Date